## ENTRY BLANK—PLEASE TYPE OR PRINT

JUM

		•
☐ Ms./Artist	PHER M. STEPHA	NOFF (last name last)
Permanent / h		,
Address 6818 3	OLD ROYALTON RD.	BRECKSVILLE
44141	Daytime Tel. (216) 86	1 1005
Zip `	area	
Tomporonyor		
Studio Address 850	EUCLID AVG. C	City
44114 Zip	Daytime Tel. ( 216 ) 86	1 1005
Reserve, in which county w		
Collaborator (if any)		
If May Show entries are not Artist will pick up at Mu  Museum should dispose  Museum should ship to	e of.	
Stre	eet	
City	State	Zip
Special Instructions		

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/unaccepted object(s) in good condition.

Signature Call Signature

## **ENTRY BLANKS**

□ Paintings

NOT ACCEPTED

DATE

☐ Graphics

Photography

NOT ACCEPTED